Insure Oklahoma

INSURE OKLAHOMA/O-EPIC EMPLOYER APPLICATION

1) Please **PRINT** or **TYPE**. Use BLUE or BLACK ink to complete this form. Failure to provide complete, accurate information may result in an application being returned. Remember to make copies of documents you are submitting for your own records. For additional assistance or information, call the Insure Oklahoma/O-EPIC Helpline at **1-888-365-3742.** For the hearing impaired, call **(405)416-6848 (TDD/TYY)** or visit the website at **www.insureoklahoma.org.**

A) If you are providing a QUALIFIED HEALTH PLAN (QHP) to your employee(s), mail the following to the address below:

1. Small Business Employer Application (O-EPIC 1)
2. Staff Listing (O-EPIC 2)
3. Electronic Funds Transfer (EFT) Form (O-EPIC 3)
4. VOIDED check
5. O-EPIC Contract and Affidavit
6. The final rate schedule of the QHP you have selected

2) Mail your complete packet to: **INSURE OKLAHOMA/O-EPIC EMPLOYER APPLICATION**
P.O BOX 18650
OKLAHOMA CITY, OK 73154-1650

Employer Name	
FEIN:	Industry Code (optional)
STREET ADDRESS	MAILING ADDRESS: (If different from street address)
ADDRESS 2	ADDRESS 2
CITY/ STATE/ ZIP	CITY/ STATE/ ZIP
Employer Contact Information: LAST NAME	FIRST NAME
PHONE NUMBER	FAX
EMAIL ADDRESS	

*If you are not required to file OES-3 Quarterly Report, please call 1-888-365-3742 (TDD/TYY 405-416-6848) for further information.

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Application Information:

How much did you spend on group health insurance premiums in the last year ? $

Are you required to file an OES-3 Quarterly Report* with the Oklahoma Employment Security Commission? ☐ Y ☐ N

How many employees do you have ?

Section 1: Complete this section if you have answered "YES" to providing a Qualified Health Plan (QHP) to your employee(s).

How many hours per week must your employee work to be eligible for a QHP ? hours per week

List the Oklahoma Insurance Department (OID) number of your insurance agent(optional)

Agent Name Agent Phone Number

Employer Insurance

Complete this section for the QHP(s) you have selected. Attach additional pages if necessary.

QHP ID	QHP NAME	GROUP NUMBER	EFFECTIVE DATE(mm/dd/yyyy)
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The information is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to re-pay the State of Oklahoma for any premium subsidy payments or claims incurred which were paid due to my fraud or error. By signing below I acknowledge I have received the informational packet accompanying this application. (28 USC 1746)

Signature _____ Date _____

*If you are not required to file an OES-3 Quarterly Report, please call 1-888-365-3742 (TDD/TTY 405-416-6848)for further information.

Print Form